PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) REPUBLICAN PARTY OF LOUISIANA 530 Lakeland Dr ADDRESS (number and street) Ste 215 (Check if address is changed) **Baton Rouge** 70802-4441 LA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS wjvcpa@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00187450 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. DUHON, DEXTER, , , Type or Print Name of Treasurer DUHON, DEXTER, , , [Electronically Filed] 01 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1** (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC <b>F</b> e	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE  ce Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Demogratio
(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

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Write or Type Committee Na			i aye <b>y</b>
	I PARTY OF LOUISIANA		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising R	Representative, or Leadershi	p PAC Sponsor
TRUMP VICTORY			
Mailing Address	C/O RED CURVE SOLUTIONS		
Maining Madress	138 CONANT STREET, 2ND FLOOR		
	BEVERLY	MA 01915-	
	CITY	STATE Z	IP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundrais	sing Representative Lead	lership PAC Sponsor
. Custodian of Records: Inbooks and records.	dentify by name, address (phone number optional) and po	osition of the person in posso	ession of committee
VANDE	ERBROOK, WILLIAM, , ,		
Full Name	,2900 CLEARVIEW PKWY SUITE 206		
Mailing Address	2900 CLEARVIEW PRW1 3011E 200		
	Metairie	LA 70006-653	32
Title or Position	CITY	STATE Z	IP CODE
Custodian of Records		number 504 - 45	55   0762
Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of assistant treasurer).	the committee; and the nam-	e and address of
Full Name DUHON	N, DEXTER, , ,		
of Treasurer			
Mailing Address	114 S STATE STREET		
	ABBEVILLE	LA    70510-514	9  -
	CITY	STATE ZI	IP CODE
Title or Position , Treasurer	1	1 1 1	
	Telephone i	number	

FEC <b>For</b>		
Full Name of Designated Agent	DUHON, DEXTER, , ,	
Mailing Address	114 S STATE STREET	
	ABBEVILLE LA 70510  CITY STATE	-5149 ZIP CODE
Title or Position Treasurer		
Banks or Other	er Depositories: List all banks or other depositories in which the committee deposits funds, ho	lds accounts, rents
salety deposit b	poxes or maintains funds.	
	Depository, etc.	
	Depository, etc.  IBERIA BANK  13700 ESSEN LANE	
Name of Bank,	Depository, etc.  IBERIA BANK  13700 ESSEN LANE	
Name of Bank,	Depository, etc.  IBERIA BANK  13700 ESSEN LANE	
Name of Bank,	Depository, etc.  IBERIA BANK  3700 ESSEN LANE	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  IBERIA BANK  3700 ESSEN LANE  BATON ROUGE  LA 70809	
Name of Bank,  Mailing Address	Depository, etc.  IBERIA BANK  3700 ESSEN LANE  BATON ROUGE  LA 70809  CITY  STATE	
Name of Bank,  Mailing Address	Depository, etc.    IBERIA BANK	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    IBERIA BANK	
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.    IBERIA BANK	